

CLINTON COUNTY HEALTH DEPARTMENT

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APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

Name of Event: _____

Event Address: _____ City: _____

Sponsored By: _____ Sponsor Contact Person & Phone Number: _____

Vendor Name: _____ Owner Name: _____

Mailing Address: _____ City: _____ Zip: _____

Contact Telephone Number: _____ Email: _____

Person in Charge at event: _____ Mobile Phone Number for day of event: _____

Food Preparation Location: _____

If food will be transported after preparation, list method of transport: _____

Date(s) of Operation: _____

Set-up Time: _____ Starting Serving Time: _____ Ending Serving Time: _____

Date(s) of Food Preparation: _____

If foods will be cooked and cooled before the event, applicant must describe their cooling and reheating procedures:

Method of hand washing available (see back of application): _____

Menu Items	Source (where menu items/ingredients are purchased)

****Food shall be prepared on site or in a facility pre-approved by this Department. Food shall not be prepared in residential kitchen facilities.**

If any Certified Food Protection Managers (not required) will be present on site, please list their information:

_____	_____	_____
Name	Certificate ID Number	Expiration Date

PERMIT FEE

The Temporary Food Permit Fee is \$30.00 for each food service stand for a 2-14 day event (single day events are exempt).

Make check payable to Clinton County Health Department.

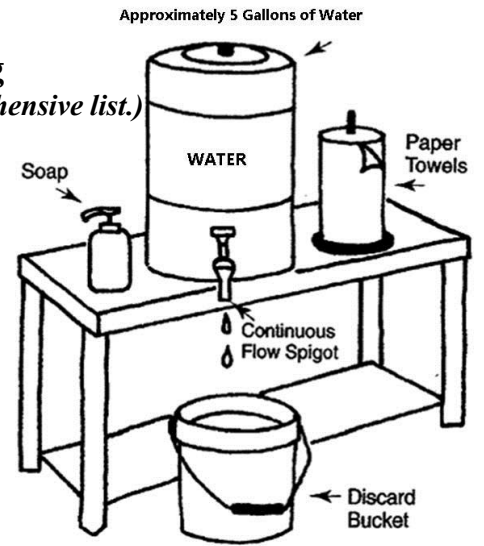
There will be NO charge for non-profit religious, voluntary or community service organizations. Tax Exempt # _____

To assure permit processing, please submit permit application and payment at least **3 weeks** before the event. There will be a late fee of **\$15.00** in addition to the permit fee if you are not licensed before the event, as well as required cessation of food service operations until a permit is issued.

TURN FORM OVER TO COMPLETE →→

Temporary Food Event Checklist for Safe Food Handling

(See *Temporary Food Service Guidelines for a comprehensive list.*)
www.clintoncountyhealth.com



Check each box to verify you have read each action...

- Hand washing facilities – A hand washing station as illustrated or a sink (not in a restroom) will be provided. Either must be within 20 feet of the place where food is being handled. Either must have potable running water, soap in a dispenser, and paper towels. (Note: Portable water supply must have spigot to allow water to flow freely and hands free – no push buttons allowed).
- Cold food will be kept at **41 degrees** or less while in storage. Describe below how food will be kept cold.

- Hot food will be kept at **135 degrees** or more after cooking. Describe below how food will be kept hot.

- A stem thermometer will be available for checking the temperature of hot food and a thermometer will be placed in all cold holding equipment.
- Food will only be prepared on-site or at an off-site location approved in advance of the event by the Clinton County Health Department. **There will be no home preparation of food.**
- All food preparation, cooking, service, and equipment will be under a tent or roof. The preparation, cooking and service areas will have floors, walls, and the use of fans constructed in a way that prevents the entrance of insects. All mobile units will have screens and/or working air curtains (fans) at all open windows and doors.
- Three pans will be provided (or a three compartment sink) to **wash, rinse, and sanitize** food handling utensils and equipment. Utensils and equipment will be air dried. Type of sanitizer to be used: _____
- A bucket or spray bottles containing sanitizer solution will be provided to sanitize food preparation counters.
- Gloves will be worn by all people handling ready-to-eat food. Raw animal food will be stored and handled separately.

I have read the checklist above for safe food handling and agree to implement these practices at the temporary event. Application is hereby made for a Permit to operate a Temporary Food Establishment within Clinton County, Illinois. By this Application it is agreed that the vendor will comply with the provisions of the Illinois Food Code and the Clinton County Food Service Sanitation Code. It is further agreed that said food establishment shall be open to inspection by the Clinton County Health Department during hours of preparation and operation.

Signature **X** _____ Date _____

Printed Name _____

For Office Use Only

_____/_____/_____
Payment Date \$15 Late Fee ____ Total \$ _____ Check # _____ Initials _____

_____/_____/_____
Approval Date _____ Environmental Health Programs Manager _____/_____/_____
Date Permit Issued

_____/_____/_____
Inspection Date Inspected By, _____